EXPLORING ISSUES OF MEDICAL TOURISM FLOW FROM MONGOLIA TO CHINA

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ABSTRACT

Background: Since Mongolia was opened up to the world and medical tourism started to practice. There were several studies reporting the expansion of medical tourism and flows of the medical tourists were to not only to developed country but also to neighbouring countries including China. As neighbours, the medical tourism flow should be learned in terms of legal aspects and patient experience, in order to reveal the official arrangements and actions of the actors.

Methods: Qualitative methods including review of the legal documents and semi-structured interview with medical tourists were applied. Total of 168 legal papers were reviewed and analysed. Semi structured interview consisted of four open ended questions and 15 interviews were done.

Results: The legal papers could be divided into two main parts including medical tourism supporting and medical tourism reduction supporting. Based on the analysis of medical tourism supporting papers, the legally endorsed medical tourist pathway was drawn. It is legally open to everyone for traveling abroad with medical purposes, destination hospital information could be provided from facilitator organizations and medications will be cleared from custom easily when he/she come back. Many of the patients will be reimbursed partial or in some extent of the cost of the medical services from Social protection Fund, Social Health Insurance and State Fund. Ministry of Health managed to have bilateral agreement with China on medical tourism. Medical tourism to China, especially to Inner Mongolia was contributed by the bilateral cooperation between Mongolia and Inner Mongolia. It is agreed that the provision of the service with same cost as Chinese citizen, language assistance, logistic and communication supports will be offered to the Mongolian medical tourists in Inner Mongolia. At Government level, there are papers which are directed to reducing flow of medical tourism and developing the national healthcare services. From interviews with the medical tourists from Mongolia in China, it was clear that low cost of the medical service, visa support, personal and business relationship. Although, the countries are neighbours, there are linguistic, cultural, and religious differences between the peoples. The medical tourists were experiencing language barrier. The differences in food, religion, life style and habits were also mentioned.

Conclusions: It can be concluded that medical tourism is legally well documented and commonly practiced phenomenon in Mongolia based on the drawn pathway.

Mongolian medical tourists could be classified into that one who were sent by the Government because the service unavailable or impossible to be delivered in the country. It is supported by the reimbursement policy of the Government to the medical tourists. Moreover, there are tourists who were not satisfied with the domestic services in terms of quality of the service, provision of alternative ways and preventive examination.

Low cost of healthcare services, service quality, gain of time while on trip, personal relationship, knowing someone in the place and familiarity with the place supportive visa service, good quality of service with low cost, business and personal relationship between the peoples were the supporting factors to select China as destination country.

Background

Medical tourism, in general, is a process, in that a patient receives the required medical services abroad. As defined by Jeremy S et
al (2013) it is intentional pursuit of non-emergency surgical interventions by patients outside their nation of residence that are typically paid for out-of-pocket. This travel may be arranged by individual patients or facilitated through dedicated medical tourism facilitators who specialize in making arrangements for international patients.

The health tourism issues have been raised since the start of the economic and political transition to free market economy in Mongolia. Since 1990s, after several decades of socialist system, the country transferred to a market economy and experienced rapid economic changes. At that time, the country became open to the world and every citizen could travel freely around the world for any purposes including getting diagnostic and treatment services. As the phenomenon covers more people for many years, it is no longer issue of health sector and it touches many aspects of the whole social sector (Unurjargal et al 2013).

Some researchers found out that Mongolians have been spent quite a lot of money from their pocket especially abroad for the medical and health care services. According to the Health Budget Expenditure Survey Report, out-of-pocket payments were only 3.7% of health expenditure in 2004 (MoH 2005b).

Tungalag and Bultman (2010) concluded that the lack of modern diagnostic equipment and technology, inaccurate diagnoses, bureaucracy in the health care system, poor communication skills, and doubtful service quality have led to an increased number of citizens to seek health services abroad since 1990. It was estimated that citizens seeking care abroad spend around 35 mln USD per year.

The share of out-of-pocket health payments in the total household consumption expenditure increases as income quintiles go up. Tsolmongerel Ts et al (2011) said that the richest spend a lot more as they seek paid services at home and abroad. According to Mongol Bank report (2013) the amount of money transferred from Mongolia to foreign countries for getting medical services purpose is quite a lot and it had been increased by 4.5 times from 2009 to 2012. Moreover, the top six countries where the most of the money were transferred for the last years are China, South Korea, Singapore, Hong Kong, USA, Germany and Russia.

It seems that those kinds of medical tourism arrangements are widely applied all around the world. Helena L et al (2011) classified content of the cross border arrangements including (1) arrangements between third-party payers/purchasers (in one country) and providers (in another), (2) arrangements among providers or for joint cross-border providers (typically, hospitals located in border areas), (3) border area emergency care, and (4) purchaser-purchaser collaboration where administrative arrangements are designed to facilitate access to care abroad. As result of EU integration, the patient mobility among the union countries had increased and the term cross border care and cross border collaboration had become very common (Irene A et al 2013).

Clearly, China is one of the destination countries for Mongolian medical tourists. When there are many medical tourists to China, the current condition should be learned and explored in order to see the whole picture. Mongolia and China, as neighboring countries, what is the current situation between the countries in terms of medical tourism, is there any arrangements above mentioned and how the actors are handling? If the medical tourists prefer to go China, some questions are worth to explore including why they go, what are the supporting factors, what they experience there and how do they judge the quality of the service.

Methodology

The objectives are to learn challenges of medical tourism between Mongolia and China in terms of legal framework and propose possible approaches for further improvement within the area. In order to achieve the above objectives the following two questions have been formulated and qualitative approaches were selected to find answers for above mentioned research questions.

As departure country, what is the legal environment about medical tourism in Mongolia?
Is there any legal environment in relation to medical tourism flow from Mongolia to China?

Answer for that research question will reveal the Mongolian current legal environment for medical tourism in general and regulation of the process from the country to China. The aim of the research question was to explore all the relevant legal processes into one process, therefore document analysis was chosen as research method. We include the papers which were approved by Parliament, Government and Ministerial level for the analysis. The analysis of the legal documents was done in three steps. The first step was to review and define the documents which are related to tourism, medical tourism, traveling, medical tourism advertisement, custom and other issues which could be applied to medical tourists. Secondly, we do detailed analysis on the selected documents and draw the legal pathway for medical tourist in Mongolia. The last one was to review the bilateral agreements between Mongolia and China and to define the medical tourism application within the documents.

The laws and other legal documents were collected from official government site www. legalinfo.mn. The website contains the data of the legal documents including Laws, International Agreements, Parliament and Government Resolutions, Minister’s orders etc for public use. Bilateral agreements on health were collected from archive of Ministry of Health. In total of 186 legal documents were covered in the review.

It will be important to explore the reason of choosing China as destination country and what do medical tourists experience in China.

For this research question, the target population was patients who are in China to get medical services. Semi-structured interview was chosen from three types of interviews including structured, semi-structured and unstructured. Authors said that (Britten 1996, Miller et al 2003) in that kind of interview, open ended questions are prepared in advance and are open to further clarification. It does not limit the words and interviewee can express himself freely. Also, the researcher can use small number of interviewees.

Conduct of interview: Interview schedule was prepared beforehand and it contained four main backbone open ended questions. Those questions were intended to find out reasons of coming to China for medical services and what difficulties or good things do they experience in Chinese hospitals. 15 interviews were conducted with the medical tourists who were in the different hospitals of Tianjin city, China in 2013. The hotel room was used as interview place for seven patients and others were interviewed in their hospital room. During interviews, the notes were done in Mongolian language. Later, the notes were translated into English and assembled under the four main questions. Interview data result is presented in written with phrases of the interviewee.

Results:

Research question1:

1. The legal documents regulate patient or citizen travel abroad.

Constitutional Law stated that Citizen of Mongolia should have basic right and freedom to get health protection, provision of healthcare services. The regulation for free of charge medical service provision will be defined by the relevant Law (Article 16).

Travel and Tourism Law defined that “travel and tourism” is an action that person goes from his/her residence place to other places for one to 183 days with purpose of holiday, resort, religion, business and education (article 3.1.1).

Citizen Registration Law stated that National Passport and Arrival Certificate to Mongolia are the main documents which show that Citizen of Mongolia is abroad (article 23.1).

Mongolian Citizen Immigration Law
Article No 7. Travel and immigration of children and person without legal ability

1. Children and person without legal ability should travel abroad only along with the parents or legal caregiving person.

2. Citizen of Mongolia aged between 16 and 18 should provide written permission
when they do immigration along with the parents or legal caregiving person.

Article No 8. National passport issued to Citizen of Mongolia for traveling abroad.

1. National passport should be issued to citizen of Mongolia for traveling abroad with personal purpose.

2. One of the following documents should be issued to citizen under adult age. They are: a) National passport, b) Child photo should be attached to the national passport of the parent or caregiver; c) Attachment certificate to the parent or caregiver’s national passport

Drug and Medical Supply Law regulated that custom clearance of the personal use drugs for patient would be done according to the Custom Law (article 14.2).

Custom Law (article 227) identified the definition for personal use drugs and stated that the defined drugs should not be handled as import product. Then Custom Clearance and Tariff Regulation Law said that those drugs will be cleared custom without any taxes and obligations. According to the Custom Law, personal use drug should include medicines for emergency use (for 7 days) and long term use (diabetes, cancer, psychological diseases, AIDS etc) and transported along with the citizen/patient by international transportation ways railway, airplane, ship, bus and vehicles.

There were in total of six regulation papers which were approved by Government and Ministry level. Those regulation papers were fully dedicated for the special action and approved in order to enforce the implementation of the above mentioned Law articles.

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<td>1 Constitutional Law</td>
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Table 1. Travel and medical tourism related Law articles dedicated for patient

2. The legal documents to regulate facilitator actions

According to Company Law, facilitator organization should be registered to the Agency of Legal Entities and the Tax Office.

Special Permission Law defines the list of the special service or action of the legal entities to provide within the country. However, medical tourism facilitation is not directly included in the list, there are two services in the above mentioned service list. They are a) all kinds of services to provide medical service and b) service by healthcare organizations, that is joint venture with foreign citizen or provide service at nationwide (article 15.12.3 and 15.12.11).

Another very much relevant document is Advertisement Law and it has several articles could regulate medical tourism facilitation. The law bans advertisement of the services which were conducted by the entity, that is not qualified special permission and by the health professional that is not obtained special license. Moreover, the healthcare service, which is not approved by the relevant organizations including Standardization and Inspection Agencies, should not be advertised by media (article 13.6). Advertisement Law requires that advertisement content about healthcare organization should be limited within the location, kinds of services and the doctors’ name (13.7). Also the advertisement
about healthcare service should not include any element of patient promotion (13.8).

There were in total of four regulation papers which were approved at Ministry level. Those regulation papers were fully dedicated for the special action and approved in order to enforce the implementation of the above mentioned Law articles.

Table 2. Medical tourism related regulation documents for facilitator

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3. The legal documents to regulate third party payer or purchaser actions

In Mongolia, the main purchaser organizations are Government, Social Health Insurance Fund and Social Protection Fund. The regulation of purchaser actions is related to money provision; therefore it is well documented and guided.

Citizen Health Insurance Law regulates the actions of Health Insurance Fund and it state that the Fund will be expended only for the services which were provided within the National Health System (12.13).

Social Protection Fund is dedicated for elderly people, disabilities, children and vulnerable people and its collection and spending regulated by Social Protection Law. According the Law, some cost of the medical services for those people who are entitled for the Law, will be reimbursed from the Fund (21.1.1). The list of the medical services and reimbursement amount will be regulated by Minister for Social Protection.

Government funding reimbursement for the medical services abroad is regulated by Health Law and Public Service Law. Public Service Law states that public servant has right to ask for more than sixty percent of the cost for medical services which was abroad provided from the government. The decision of the abroad medical service should be by the national healthcare organization which is accredited by Ministry of Health (27.1.8).

Health Law defined that Government will provide some funding to the citizens who has to be treated abroad due necessary reasons. The Government has right to regulate the reimbursement process and amount of the funding (7.1.5).

Table 3. Travel and medical tourism related regulation documents for purchaser

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<td>4 Health Law</td>
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According to the article of Health Law, the Government Resolution is approved to regulate the reimbursement process (No 226, 2011.07.06). It says that Ministry of Health is the body who is responsible for collection and analysis of the applications and submission of the selected ones to the Government. Also the resolution identified the right and responsibility of the applicant and applicant should follow the certain procedures to submit application. The patient who suffers from the disease which cannot be diagnosed and treated by the national healthcare organizations will be able to get the funding. It says Ministry of Health should define the list of the diseases, which cannot be managed within the national health system. The Government directed Ministry of Health to establish non standing committee consisted of different kinds of medical professionals to make analysis of the applicants’ material and make decision.

Ministry of Health identified the above mentioned list, process of the medical conclusion production, its entitled organizations and model paper of the medical conclusion (Minister Order No107). According to the order, only hospitals of tertiary level have right to provide medical conclusion for the applicants for the Government Funding. Those hospitals should do all the required diagnostic services
to make the conclusion and discuss the case by the doctors’ committee. The non standing committee members and its working guideline were approved by Health Minister Order No 248 and No 399 respectively.

There were in total of eleven regulation papers which were approved at Government and Ministry level. Those regulation papers were fully dedicated for reimbursement process of the medical services which were provided outside of the country. We draw legally supported pathway for medical tourist (Figure 1) and it can be said that medical tourist can get official support from the Government as citizen, tourists and patient.

Figure 1. Legally endorsed pathway of medical tourist in the country

![Diagram of medical tourist pathway]

It is legally open to everyone for traveling abroad with medical purposes, destination hospital information could be provided from facilitator organizations and medications will be cleared from custom easily when he/she come back. Many of the patients will be reimbursed partial or in some extent of the cost of the medical services which received abroad.

Analysis of bilateral documents between Mongolia and China

China is in the list of the countries, where the Mongolians can experience visa support. Mongolian citizens travel to China without any visa for 30 days. After 30 days, the visa application should be done (MFA, www.mfa.mn).

There was only one bilateral agreement between Mongolia and China which is relevant to medical tourism issues. It is “Memorandum of Understanding on Cooperation in Health Sector between Ministry of Health Mongolia and Health Department of Inner Mongolia, China”.

The Memorandum consists of eight articles and commenced from March of 2008. It was approved by State Secretary of Ministry of Health of Mongolia and Deputy Director of Department of Health of Inner Mongolia of China.

The fifth article is wholly dedicated for arrangements for medical tourists from Mongolia to hospitals of Inner Mongolia. The first solution of the article is that the cost of medical services at hospitals of Inner Mongolia for patients from Mongolia would be same as Chinese patient. Next, the hospitals of Inner Mongolia could
open special department for Mongolian patients and language assistance should be offered by providing doctors and nurses who can speak Mongolian. The list and cost of the services should be delivered to Ministry of Health of Mongolia. The third one is about regulation of visas. The hospitals of Inner Mongolia would assist patients for the visa application or extension in the required cases. Moreover, the hospital would provide communication and support service if the patient condition worsens or patient dies. Lastly, the hospitals of Inner Mongolia would provide all the information and reports about the patient disease in accordance to relevant procedures and acts of China.

However, there are some other agreements between Ministries of Health Mongolia and China, but those papers did not mention special article or action which could be relevant to medical tourists.

**Research question 2:**

In total of 9 patients were interviewed and they were aged between 32 to 81 years old.

**Question: What kinds of services have you received?**

6 of the interview giving patients were admitted to hospital and 4 of them were received surgical service. The remaining 3 patients were received different kinds of diagnostic services and outpatient treatment. Some of them knew or predicted about the service he/she may be offered at Chinese hospitals.

**Question: Why did you decide to go abroad?**

The most of the reasons to go abroad were that the patient’s disease cannot be managed within the hospital of Mongolia. Those services were diagnostic analysis, surgery and drug treatment. There were phrases which clearly showed that patient was not able to get proper service in the country. For instance, “I was treated twice, my liver vessels were blocked in the cancer hospital of Mongolia. But the cancer was increasing and did not stop”, “there is no chance for me. Doctors said that because of high blood pressure, sugar and my weight I cannot recover after surgery”, “My doctor suggested me to go abroad for surgery, if I want, because they cannot do it themselves.”, “I always receive same answer and same kind of treatment from Mongolian doctors”, “I have tried all the treatments, suggested Mongolian doctors and all the times have medical treatment. However, it still does not improve and I still experience eating disorder and gastric problems.” “But that machine is not in Mongolia, so I have to go abroad”.

The other reason of the abroad treatment was to look for better quality treatment and more treatment options. We can see that from those expressions; “expecting better recovery and other options of the treatment” and “she knew that it is better to go abroad”

The only one case was to get prevention exam, which was expressed that way; “to go through some diagnostic services, to check everything is OK or not”

It seems that unavailable or unmanageable cases, quality of the service, provision of alternative ways and preventive examination are reasons of going abroad to seek for medical services.

**Question: What difficulties did you experience during the service?**

The most common difficulty was the Chinese language. Mongolians do speak Mongolian language and Chinese is totally different foreign language for medical tourists. Interviewees clearly expressed that problem “Only difficulty is language barrier,” “I have no Chinese and cannot talk to the other people,” “language are very disturbing” etc.

Mongolians experience complexities with food, crowded people, weather and religious difference. Some of them expressed that “The food is difficult for me”. “Food ...are very disturbing”, “I cannot eat Chinese food. They bring me some food similar to ours, but it has very strange and different taste”.

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Compare to other countries, the population of Mongolia is very less and the people used to live among the few residents. It makes them to feel uncomfortable among the more people. It was spoken that “Also the hospitals have many patients compare to Mongolian hospitals. So sometimes, I do not like when there are so many people and too noisy. I have headaches’, “no problems or difficulties, except the long queue” and “long waiting time is difficult for me”.

The role of religion seems very important to the patients while they are for medical treatment in foreign country. For instance: “If I die without seeing my grandchildren and relatives, It was difficult for me that I cannot meet any Mongolian speaking buddhist lama and talk with him and share my concerns”

**Question: What was your expectation about hospital service? Was it different from your experience?**

The most of the interviewees felt the good quality of the service, better skill and knowledge of the professionals, sufficient supply of modern equipments and better outcome of the medical services. It could be said from their expressions including “Chinese hospitals are very well equipped by modern technologies and equipments”, “get better service with comparatively less cost here in China”, “doctors and nurses skill are very good”, “doctors are very knowledgeable and skillful, it is because maybe they have many patients”, “I can push the button and inject drug myself to me. Nurses were very very good. They did everything and cared me like one of my children”

**Discussion and conclusion:**

It can be concluded that Medical tourism is legally well documented and commonly practiced phenomenon in Mongolia. As a process, it already exists in many aspects of the society in Mongolia. In general, the legal framework of Mongolia for medical tourism can be divided into two parts. The first part directed to provide support and regulation for medical tourists while the other one dictated actions to reduce the volume of medical tourism. Those legal documents articulated that medical tourism would be reduced through application of high medical technologies, introduction of telemedicine, capacity building of the national healthcare organizations and effective partnership between public and private sector.

In the legal environment, especially Travel and Tourism Law, it is already stated that citizen can travel to abroad with purpose of medical services It can be the definition of medical tourism for Mongolian people.

In terms of mobile patient type, Mongolian medical tourists could be classified into that one who were sent by the Government because the service unavailable or impossible to be delivered in the country. It is supported by the reimbursement policy of the Government to the medical tourists. Purchasers of medical tourism service are Government Fund and Social Protection Fund and the reimbursement process is very well regulated and documented. On behalf of these Funds, Ministry of Health, Ministry of Social Protection and Welfare and Public Servant’s Agency handle the process of the reimbursement. Since the funding limitation, there is list of the disease and list of the patients who could be covered for the reimbursement. The amount of the reimbursement is limited to some extent of the real expenditure or previously defined lump sum. Moreover, there are tourists who were not satisfied with the domestic services in terms of quality of the service, provision of alternative ways and preventive examination.

One example of assisting medical tourists is the custom support for them when they come back with different kinds of medicines and injections. Although, there is strict regulation transporting and importing of the foreign drugs, the Government decided to clear the custom of the drugs for personal use. That procedure is well documented in the Custom Laws and its attachment regulations.

Although, Mongolia is not committed to health modes of GATS by WTO, Ministry of Health managed to have bilateral agreement
with China on medical tourism. Medical tourism to China, especially to Inner Mongolia. It is contributed by the bilateral cooperation between Mongolia and Inner Mongolia. It is agreed that the provision of the service with same cost as Chinese citizen, language assistance, logistic and communication supports will be offered to the Mongolian medical tourists in Inner Mongolia.

Although, the memorandum could not cover all the aspects of the medical tourism, it has made a forward step between the countries in further development of the event. The current process could be regulated in more systematic way and organize some of the actor arrangements including border care and provider to provider collaboration.

Low cost of healthcare services, service quality, gain of time while on trip, personal relationship, knowing someone in the place and familiarity with the place were the supporting factors to select China as destination country. Since, China is one of the big neighbors in every aspect of the society and with policy of Chinese visa support, travelling is common and popular among the Mongolians. Medical tourists had visited China several times before and became familiar to the country, population and culture. The people acquire friends and partners and establish business, educational and friendship relations with Chinese people. Those relations could be easily converted or get assisted into the medical tourism.

Another conclusion is that flow of medical tourists from Mongolia to China exists and will continue. Neighboring location, supportive visa service, good quality of service with low cost, business and personal relationship between the peoples and familiarity of the country are the factors to expansion of the medical tourism to China.

Laugesen MJ (2010) concluded that there were four types of patient mobility which are: primary, complementary, duplicative, and institutionalized. In Europe, patient mobility for duplicative services provides faster or better quality treatment. Governments and insurers can encourage institutionalized exit through expanded delivery options and financing. Medical tourists from Mongolia to China could be included in duplicative and institutionalized types.

Experience of the medical tourists in China was different person to person. Although, the countries are neighbors, there are linguistic, cultural, and religious differences between the peoples. The most of the patients were experiencing language barrier. The differences in food, religion, life style and habits were also mentioned. We can say that, although, the countries are neighbors, there are linguistic, cultural, and religious differences between the peoples. Therefore patients experience those difficulties while they receive medical services in Chinese hospitals.

Medical tourist flow from Mongolia to China is not same as the flows which are between developed and developing countries. The both of the countries are developing country of the central Asia. Therefore, medical tourism development arrangements could be applied which are similar to EU countries. For instance, border care and provider to provider collaboration could be established. Border care could be provided along the border cities of Inner Mongolia. Then it may help to reduce the tourists’ problems including language and food. Provider to provider care could be efficient not only to medical tourists but also to the medical professionals through building the learning experience. In that kind of collaboration, the patient care could be continuous and recovery could be followed up by the domestic hospital. Future establishment of provider to provider or tourism facilitator to provider and border care arrangements could provide more support to the medical tourists in order to ease the linguistic, cultural, and religious problems.
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